Review of Child Survival Funding: 1980–1995

Executive Summary

This paper reviews sources of external assistance in child survival during 1980 –1995, following the categories of child survival used by the United States Agency for International Development (USAID). These include immunization, control of diarrheal diseases, ARI, nutrition (vitamin A), high-risk births, malaria, vector-borne disease control, and support to health systems development and health care financing.

In 1990, health sector external assistance to developing countries totaled $4,800 million, 82 percent from public sources in developed countries and 18 percent from private households. Sources of external support included bilaterals (40 percent), UN agencies (33.4 percent), banks (8 percent), foundations (1.4 percent), and NGOs (17.3 percent). Summaries of the funding levels follow.

- **USAID**: Support for child survival increased from $132.2 million to $314.1 million during the past decade. The proportion of health funds allocated to child survival increased from 37.3 percent to 46.5 percent during 1985–95. In 1994, 24 percent of child survival funds were allocated to immunization, 18 percent to nutrition, 11 percent to diarrheal disease control, 10 percent to prevention of high-risk births, and 37 percent to other child survival efforts.
- **UNICEF**: Total health expenditures were $366 million in 1987 increasing to $801 million in 1994. While the absolute amount allocated to child survival increased during the same period from $144 million to $202 million, the actual percentage of funds allocated to health decreased from 39 percent in 1987 to 25 percent in 1994.
- **World Health Organization**: WHO receives funds from a variety of sources, including UNICEF and USAID. Total WHO EPI funds have remained steady since the late 1980s, although funds in 1994–5 appear to have increased since all extra budgetary funds have not yet been received and thus are not reflected in the totals above. ARI funding increased in the late 1980s, exceeding the five-year total for 1982–87 in each of the subsequent two-year periods. Since 1988, funding for CDD each year has been close to $10 million.
- **CARE**: The organization spent $11.81 million in 1995, serving some 894,096 child health beneficiaries in 27 countries.
- **CIDA**: (Canadian International Development Agency): Canada is the world's number one donor country in the battle against iodine deficiency disorders (IDDs). In 1994–5, CIDA funding for IDD was $6.9 million.
- **The Overseas Development Agency (U.K.)**: Total expenditures in 1994–95 were 2314 million pounds (approximately $3,702 million). Of this, 87.2 percent went to developing countries and the remainder to countries in transition in central and eastern Europe and the former Soviet Union.
- **Save the Children (U.K.)**: SCF (UK) spent 91.8 million pounds (approximately $146.9 million) in 1994–95. All of SCF's expenditures could reasonably be included in child survival, although not all expenditures are for health.

Today OECD countries give, on average, just .29 percent of GDP in aid to the developing world, the lowest percentage for 20 years. Child survival must compete for this declining pool of funds allocated for aid in general. The dollars necessary to advance the cause of child survival are negligible when compared to overall dollars spent on health in the developing world (over $170,000 million) in 1990 alone. In 1990 it would have taken $33 billion in additional external dollars to achieve the child survival goals set by The Task Force for Child Survival.

The Consultation on Child Survival

On March 7, 1996, nearly 40 representatives of USAID, BASICS (Basic Support for Institutionalizing Child Survival), and other USAID contractors, researchers, and international donor and advocacy groups, including UNICEF, The Rockefeller Fund, WHO, The World Bank, and UNDP, met to discuss achievements in child survival, review common objectives in improving child health, and explore constraints to achieving those objectives. The meeting was sponsored by USAID in cooperation with the BASICS project, and was chaired by Dr. William H. Foege, Task Force for Child Survival, Carter Center of Emory University. BASICS coordinated the Policy Advisory Group meeting as part of its role of technical leadership, technical assistance, and support to USAID missions.

In addition to members of the Policy Advisory Group, other panelists at the meeting included:

- Dr. Pierre-Marie Metangmo, Johns Hopkins Institute for International Programs
- Dr. Jacques Baudouy, Chief, Population and Human Resources Division, Middle East and North African Region, The World Bank
- Dr. Mary Eming Young, Early Childhood Development, The World Bank
- Ambassador Sally Shelton, Assistant Administrator, Bureau for Global Programs, Field Support and Research Services, USAID

Four background papers were written for the session and are presented in this series, *Current Issues in Child Survival*.

Papers in the Current Issues in Child Survival Series:

Review of Child Survival Funding, 1980-95, by Dr. Deborah McFarland, Emory University

Accomplishments in Child Survival Research and Programs, by Dr. Bradley Sack, Dr. Ricardo Rodrigues, and Dr. Robert Black, The Johns Hopkins University

A Recent Evolution of Child Mortality in the Developing World, by Dr. Kenneth Hill and Rohini Pande, The Johns Hopkins University

Overcoming Remaining Barriers:The Pathway to Child Survival, by Dr. Ronald Waldman, BASICS, Dr. Alfred V. Bartlett, USAID, Dr. Carlos C. Campbell, University of Arizona Health Sciences Center, and Dr. Richard W. Steketee, CDC

Policy Advisory Group members:

Dr. William Foege, Executive Director, Task Force for Child Survival, Carter Center of Emory University

Dr. Tomris Türmen, Executive Director, Family and Reproductive Health, World Health Organization

Dr. Alan Andreasen, Associate Dean for Faculty, Georgetown University School of Business

Dr. Raj Arole, Comprehensive Rural Health Project, India

Richard Feachem, The World Bank

Dr. Jon Rohde, UNICEF/India

Dr. Olive Shisana, Ministry of Health, South Africa

Cataloging-in-Publication Data:

McFarland, Deborah A.
Review of child survival funding : 1980-1995 / by Deborah A. McFarland. — Arlington, Va. : BASICS, 1997.
8 p. ; 28 cm. — (Current issues in child survival series)

"Prepared for the Senior Consultation on Child Survival meeting held March 7, 1996, sponsored by USAID in cooperation with the BASICS Project."

1. Child Health Services—Finance. 2. Financial institutions. 3. Infant health services—Developing Countries. I. Title. II. Series. III. Senior Consultation on Child Survival (1997 : Washington, D.C.)

RJ103.D44M113r 1997

Review of Child Survival Funding: 1980–1995

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Introduction

Discussions of international health priorities, including child survival, often focus on external assistance to the health sector. Considering the potential importance to the health sector in developing countries, external assistance has been poorly quantified. This review presents an overview of external assistance in child survival over the period 1980–1995. It builds on a paper by Michaud and Murray (1994) that examined total external assistance to the health sector in developing countries from 1972 to 1990.

Definitions, Data Sources, and Methods

For the purposes of this review, we use the categories of child survival used by the United States Agency for International Development (USAID). These include immunization, control of diarrheal diseases, accute respiratory infections (ARI), nutrition (vitamin A), high-risk births, malaria, vector-borne disease control, and support to health systems development and health care financing. As much as possible, these categories were used to identify the level of child survival funding from bilateral and multilateral agencies. In most cases, the data are presented as aggregates and cannot be broken down into specific child survival categories. However, an attempt was made to keep like categories together.

Information was sought from the participating members of the Task Force for Child Survival — USAID, UNICEF, the Rockefeller Fund, WHO, The World Bank, and UNDP. Each organization was asked to provide the most current financial data available on child survival funding. In addition, several other bilateral organizations and nongovernmental organizations, which have been active in child survival services, were contacted to provide information regarding child survival funding over the period of interest.

Unfortunately, no single data base yet exists that provides a comprehensive view of health sector external assistance or child survival external assistance. We relied on the data provided by the organizations contacted. Because consistency in reporting and evaluating the data is difficult, no commonly used definition of assistance or child survival exists.

Results

External Assistance to the Health Sector in 1990

The paper by Michaud and Murray (1994)[1] gives an overview of external assistance to the health sector and is a useful starting point for an analysis of external assistance for child survival (see Table 1). In 1990, health sector external assistance to developing countries totaled $4,800 million, 82 percent from public sources in developed countries

Table 1
1990 Total Health Expenditures By Region

Region	Health Exp as Percent GDP	1990 Health Exp Per Capita	Public as Percent Total	Private as Percent Total	Aid Flows as Percent Total
Established Market Economies	9.29	1958	61.1	38.9	
Middle Eastern Crescent	3.53	97	57.6	42.8	0.7
Former Socialist Economies of Europe	3.55	144	71.2	29.1	
India	6.00	21	20.0	78.4	1.6
China	3.51	11	58.5	40.9	0.6
Other Asia and Islands	4.50	61	38.0	60.6	1.5
LAC	3.96	103	59.8	38.9	1.2
SSA	4.23	22	43.8	46.6	9.2

Table 2
Official Development Assistance to the Health Sector by Region, 1990

Region	Total ($ millions)	Health Aid Per Capita ($)	As Percent of Health Expenditures
Sub-Saharan Africa	1251	2.45	10.4
SSA (excluding South Africa)	1251	2.66	19.5
Other Asia and Islands	594	0.87	1.4
LAC	591	1.33	1.3
Middle East	453	1.31	1.3
India	286	0.34	1.6
China	77	0.07	0.6
Total	3252	0.81	1.9

Figure 1
Total USAID Funding for Child Survival, Other Health and AIDS, 1985–1995

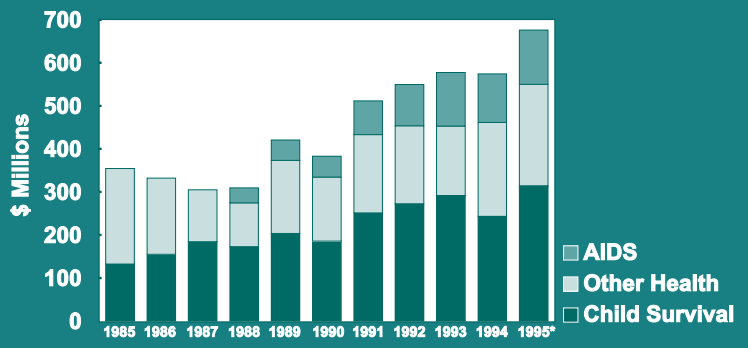
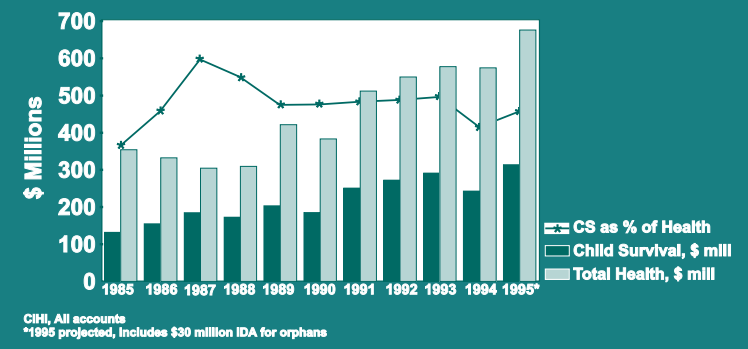


Figure 2
USAID Funding for Child Survival Proportion of Total Health Expenditures, 1985–1995



and 18 percent from private households. Sources of external support included bilaterals (40 percent), UN agencies (33.4 percent), banks (8 percent), foundations (1.4 percent), and nongovernmental organizations (NGOs) (17.3 percent).

The importance of aid flows varies by region. Africa received the largest share of donor support (38.5 percent) in 1990 and had the highest per capita allocation ($2.45 per person). Over 10 percent of all health expenditures in Africa come from external sources (see Table 2).

Total health expenditures (from all sources) in the developing world in 1990 were $170,000 million. Thus external support to the health sector in 1990 represented only 2.8 percent of the total health sector expenditures in developing countries.

Time trends in overall health sector assistance show three periods of external assistance. From 1972 to 1980, there was a sustained increase in external assistance; external assistance declined in real terms from 1980 to 1986; from 1986 to 1990 there has been a sustained growth in real terms in the health sector.

Using the work presented in the *World Development Report 1993* on the burden of disease by Daily Adjusted Life Years Lost (DALY), Michaud and Murray calculated disbursements from all sources by disease groups and their relationship to DALYs. For the communicable diseases category (includes diarrhea, vaccine-preventable diseases, malaria, and ARI), external funding in 1990 was $807.31 million, representing 17 percent of total external funding. This translates into expenditures of $1.32 per DALY for communicable diseases. For maternal and child health, expenditure from external sources

was $369.42 million, or 7.8 percent of total external expenditures. If one only includes expenditures for traditional child survival diseases and maternal and child health, external expenditures accounted for $683.53 million or 14.4 percent of total external health expenditures in 1990, but only 0.04 percent of total health expenditures in developing countries in 1990.

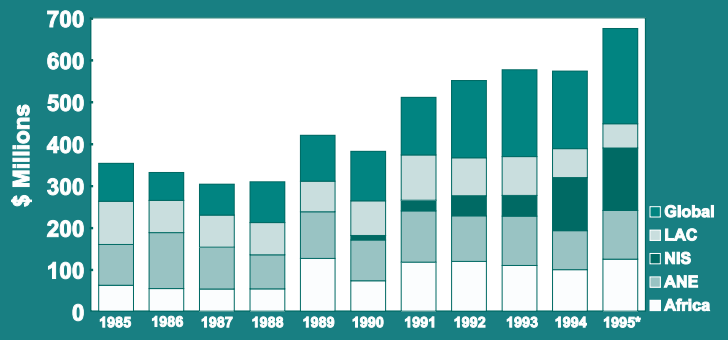
From these results, it is clear that external aid must be considered at the margin in terms of its impact on health and child survival specifically in developing countries. External aid per se does not and cannot provide adequate levels of funding to support child survival activities worldwide. Most funding comes from the governments of developing countries and from households. We must recognize this and use external funding as a catalyst for achieving child survival goals and objectives, not as a substitute for funding from developing countries themselves.

External Assistance for Child Survival

1. United States Agency for International Development

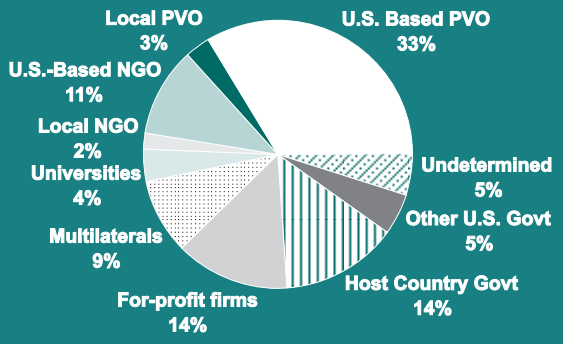
Total USAID funding for health has increased from $354.4 million in 1985 to $675.9 million in 1995. Support for child survival increased from $132.2 million to $314.1 million over the same time period (see Figure 1). The proportion of USAID health funds allocated to child survival increased from 37.3 percent to 46.5 percent over the period 1985–95 (see Figure 2). In 1994, the last year for which actual figures are available, 24 percent of child survival funds were allocated to immunization, 18 percent to nutrition, 11 percent to diarrheal disease

Figure 3
Total USAID Funding by Region for Child Survival, Other Health and AIDS, 1985–1995



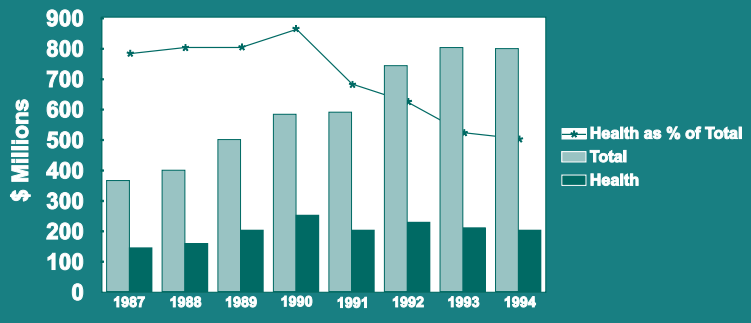
CIHI, All accounts
*1995 projected, includes $30 million IDA for orphans

Figure 4
USAID Funding for Child Survival by Implementing Agency, 1994



CIHI, All accounts

Figure 5
UNICEF Expenditures, 1987–1994



UNICEF, Program Statistics Section

Figure 6
UNICEF Health Expenditures by Region, 1987–1994

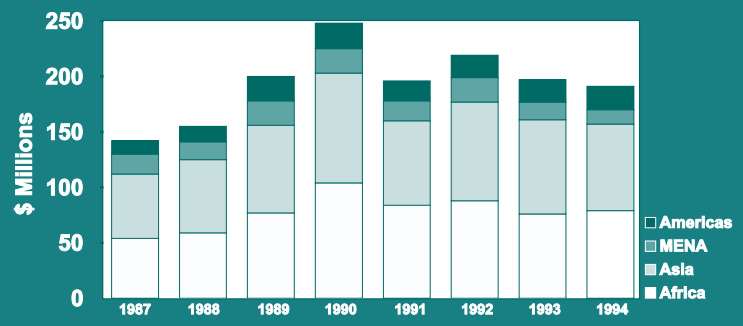


Table 3
Percent of Total UNICEF Funds for Health by Region, 1987–1994

Region	1987	1988	1989	1990	1991	1992	1993	1994
Africa	41	40	45	48	40	31	25	26
Asia	38	40	39	42	38	36	36	32
MENA	46	43	36	38	20	23	13	13
Americas	39	37	42	40	30	30	25	24
NIS							3	3
Total	39	40	40	43	34	31	26	25

Table 4
WHO EPI Funds, 1986–1995, $ Millions

Type	1986–87	1988–89	1990–91	1992–93	1994–95
Regular Budget	12.04	12.09	11.59	10.97	15.59
Unspecified	NA	8.42	5.92	7.39	3.83*
Specified	NA	6.28	8.71	10.9	9.66*
Total	12.04	26.77	26.22	29.26	28.98*

*Extra budgetary (unspecified and specified) not yet available for 1995.

Table 5
WHO ARI Funds, 1982–1995, $ Millions

Type	1982–87	1988–89	1990–91	1992–93	1994–95
Regular Budget	2.85	1.67	2.03	1.91	2.42
Other Sources	2.12	4.16	5.92	11.85	5.66*
Total	4.97	5.83	7.95	13.76	8.08*

*Extra budgetary (unspecified and specified) not yet available for 1995.

Table 6
WHO CDD Funds, 1978–1995, $ Millions

Type	1982–87	1988–89	1990–91	1992–93	1994–95
Regular Budget	9.98	2.9	2.93	3.3	3.58
Other Sources	46.96	17.99	18.04	16	6.4*
Total	56.94	20.89	20.89	19.32	9.98*

*Extra budgetary (unspecified and specified) not yet available for 1995.

control, 10 percent to prevention of high-risk births, and 37 percent to other child survival.[2]

Total USAID funding varies by region. The greatest absolute increase has been in the Global Bureau, which increased from $90.63 million in 1985 to $227 million in 1995. Funds were first allocated to the NIS in 1990 and increased from $10.61 million to $149.32 million in 1995 (see Figure 3). The proportion of USAID funding for child survival varies by region as well, with the NIS at the lowest in 1995, 17.2 percent, and Latin America, the highest at 53.8 percent, in 1995. In the Global Bureau, child survival increased from 49.3 percent of all health expenditures in 1985 to 61.6 percent in 1995.

USAID programs its funds through several mechanisms. The breakdown of 1994 funding is shown in Figure 4. U.S.-based private voluntary organizations (PVOs) receive the largest allocation (34 percent), while local NGOs receive the smallest one (2 percent).

2. UNICEF

Data were available from UNICEF for the period 1987–1994. Total health expenditures were $366 million in 1987, increasing to $801 million in 1994. While the absolute amount allocated to child survival increased during the same period from $144 million to $202 million, the actual percentage of UNICEF funds allocated to health decreased from 39 percent in 1987 to 25 percent in 1994, with a peak in 1990 of 43 percent (see Figure 5). Allocations by region are shown in Figure 6.

In each region, the percentage of funds allocated for health has declined over the period 1987–95 although total UNICEF expenditures have increased (see Table 3).

3. World Health Organization

Data were available for three child survival programs from WHO. WHO receives funds from a variety of sources, including UNICEF and USAID, making it difficult to avoid double counting when presenting the data. In a complete estimate of external funding for child survival, all WHO funds that are not regular budget funds theoretically should be accounted for in either bilateral or multilateral expenditure reports.

- EPI (Expanded Program on Immunization)

  EPI funds include regular budget funds and extra budgetary funds, made up of unspecified and specified funds. Table 4 summarizes reported EPI funding for 1987–95.

  Total EPI funds have remained steady since the late 1980s, although funds in 1994–5 appear to have increased since all extra budgetary funds have not yet been received and thus are not reflected in the totals above.

- ARI

  Funding for ARI is shown in Table 5. Funds from other sources include bilateral funds from countries in the industrialized world as well as funds received from such organizations as UNICEF, The World Bank, and WHO.

  Although funding for ARI is considerably less than funding for EPI and Control of Diarrheal Diseases (CDD), funding nonetheless increased in the late 1980s, exceeding the five-year total for 1982–87 in each of the subsequent two-year periods. This undoubtedly reflects a growing awareness of the contribution that ARI makes to child morbidity and mortality.

- CDD

  Table 6 summarizes funding for CDD from 1978–95.

  Over the 10-year period, 1978–87, funding levels for CDD were approximately $5 million per year. Since 1988, funding per year has been closer to $10 million per year. While the contribution from the regular WHO budget for CDD has remained stable since the late 1980s, contributions from other sources (countries and organizations) have significantly increased total funds available for CDD. Funding from other sources in 1995 would have to exceed $9.3 million to achieve the same level of funding for CDD in 1994–95 as in 1992–93.

4. UNDP

Data were not available at the time this paper was written.

5. The World Bank

Data were not available at the time this paper was written.

6. CARE

Child health expenditures for CARE were $11.81million in 1995, serving some 894,096 child health beneficiaries in 27 countries around the world.

7. CIDA (Canadian International Development Agency)

Canada is the world's number one donor country in the battle against iodine deficiency disorders (IDDs). In 1994–95, CIDA funding for IDD was $6.9 million. CIDA also provided $8.9 million for national programs to eliminate Guinea worm disease.

8. The Overseas Development Agency (U.K.)

Total ODA (U.K.) expenditures in 1994–95 were 2,314 million pounds (approximately $3,702 million). Of this, 87.2 percent went to developing countries and the remainder to countries in transition in central and eastern Europe and the former Soviet Union. No figures were available for health expenditures, although ODA has pledged to allocate 25 percent of total expenditures to health.

9. Save the Children (U.K.)

SCF (U.K.) spent 91.8 million pounds (approximately $1,46.9 million) in 1994–95. All of SCF's expenditures could reasonably be included in child survival, although not all expenditures are for health.

Discussion

This review presents data from some of the largest contributors to external assistance in child survival, including USAID, UNICEF, and WHO. Because this review does not have comprehensive data from all bilateral and multilateral funding sources, it is impossible to estimate the total amount of external funding for child survival available in any given year. What is clear from this picture is that funding for child survival appears to be leveling off from virtually all sources. Today OECD countries give, on average, just .29 percent of GDP in aid to the developing world, the lowest percentage in 20 years. Child survival must compete for this declining pool of funds allocated for aid in general. But the dollars necessary to advance the cause of child survival are negligible when compared with overall dollars spent on health in the developing world (over $170,000 million) in 1990 alone. In 1990 we estimated that it would take $33 billion in additional external dollars to achieve the child survival goals set by The Task Force for Child Survival. This $33 billion would be spent over a period of years. While we have not achieved nearly this level of external funding, this amount is surely within the reach of the richest countries in the world.

Endnotes

[1]Michaud C, Murray CJL. External assistance to the health sector in developing countries: a detailed analysis, 1972–90. BullWHO, 1994, 72(4), 639–651.

[2] 1995 figures are provisional and include $30 million in international disaster assistance coded under other child survival.

BASICS (Basic Support for Institutionalizing Child Survival)

A USAID-funded project administered by the Partnership for Child Health Care, Inc.:
Partners: Academy for Educational Development (AED), John Snow, Inc. (JSI), and Management Sciences for Health (MSH)

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